

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/807504

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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37	/					
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.	41		4		1	
TOTAL DEP.	36		33		13	
TOTAL CLAIMS	77		37		13	

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		/		/
52				/		/		/
53				/		/		/
54				/		/		/
55				/		/		/
56				/		/		/
57				/		/		/
58				/		/		/
59				/		/		/
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92								/
93								/
94								/
95								/
96								/
97								/
98								/
99								/
100								/
TOTAL IND.							1	
TOTAL DEP.							313	
TOTAL CLAIMS							35	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS